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ABSTRACT

The strength of communities is defined by the ways in which people help each other, and provide information, emotional support or other resources to those who have problems or who want to change or improve their lives in some way. The Helping Network Study focuses on the the quality of community, on the parts of helping systems that people use when they have problems and how these systems affect the mental outlook of these people. In a pluralistic society, people solve problems and meet needs in different ways. Some of the differences between kinds of helping networks are specific to particular types of communities. Strengthening neighborhood networks can provide a means of (a) gaining a sense of control over one's life, (b) reducing alienation from society, (c) gaining assurance to solve new problems, and (d) maintaining the motivation to overcome the handicaps and frustrations which are common to modern society. (Author/EN)

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THE NEIGHBORHOOD FACTOR IN PROBLEM COPING, HELP SEEKING AND SOCIAL SUPPORT: RESEARCH FINDINGS AND SUGGESTED POLICY IMPLICATIONS*

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March, 1978

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HELPING NETWORKS AND INDIVIDUAL WELL BEING

Numerous studies have shown that many more people are physically or mentally impaired than seek professional help and thus are recorded in official incidence figures. The Midtown Manhattan study of Srole and his colleagues (1962), the Stirling County studies of Leighton (1959), the national survey of mental health by Gurin, Veroff, and Feld (1960), and the studies of mental illness prevalence by Phillips (1966) have shown that as many as 50% of those who have psychological impairment and are even "mentally ill" may never seek and receive any kind of help. Even more dramatic figures have been found for the incidence of physical disease and impairment (Phillips, 1966). Further, Gurin in his national survey found that, for both worries and unhappiness, people turned to "informal" sources of help (Gurin, et al., 1960, p. 366).

Other studies have shown that through a variety of processes (value conflicts, lack of convenient facilities, refusal to give service and termination of contracts) people of lower socio-economic status are underserved in our health agencies. Further, they have a disproportionate incidence of problems (Hollingstead and Redlich, 1958; Gardner and Babigan, 1966; Schaefer and Myers, 1954; Gurin, et al., 1960). These figures suggest that people are both voluntarily turning to and are being forced to rely on non-professional sources of help in order to survive, cope with, and resolve their personal problems.

Additionally, research has shown (Myers and Bean, 1968) that those people involved in ongoing relationships through work, family or friends are those most likely to be sustained in the community after discharge from a mental hospital. Those sources of help provide the vital margin of recovery.

A vital (and inadequately researched) question is immediately raised by such statistics: who are people turning to for help, how are they coping with life stress and problems? This question becomes even more important if one considers that the studies cited (as well as many others) have most often focused upon what they have labeled "pathology" or "impairment" or "crisis" and that there exists a vastly greater volume of life events which cannot clearly be so labeled but which may be "problems" requiring the mobilization of coping resources. Such "proto-problems" might include marital adjustment, career change and planning, friction on the job, child rearing, crime in one's neighborhood, or just feeling "blue". The successful resolution of, or coping with, these kinds of situations is intrinsically important to the healthy functioning and development of an individual in society. It is also clear that unresolved conflicts of this kind eventually become disturbing, dysfunctional and eventually "crises."

Coping and Social Support Systems

The concept of a social support system has received much attention recently from social scientists concerned with understanding how persons seek help and cope with a variety of life crises and stresses. In describing the linkage between health and social support systems, Broskowski (1974) uses phrases such as "social support systems that the individual has to buffer himself" from a "turbulent environment." Caplan (1972) refers to the "support and task oriented assistance provided by the social network within which the individual grapples with the crisis event." Such terms connote an active engagement with a problem by a person and their "supporters." Such images parallel closely Webster's (International Dictionary, Unabridged, 1962) definition of coping:

Cope: a) to maintain a contest or combat usually on even terms or with success;
b) to face or encounter and to find necessary expedients to overcome problems and difficulties.

David Mechanic also offers a definition of coping which maintains this active thrust while providing a clear bridge to the earlier discussion of social supports.

> Coping, as I use the term, refers to the instrumental behavior and problem-solving capacities of persons in meeting life demands and goals. It involves the application of skills, techniques and knowledge that a person has acquired. The extent to which a person experiences discomfort in the first place is often the product of the inadequacy of such skill repetories. (Mechanic, 1968, p. 302 - emphasis ours)

Coping, then, is the process which describes the mobilization and utilization of these "supports", "skills", and "assistance" available in a person's "social network" for dealing with and solving problems. These supports, skills and assistance act not just in active coping (i.e., problem solving or stress alleviation) but also in preventing their rise by "buffering" and protecting the individual from environmental stress and uncertainty.

Coping is a "midrange" or linking concept in this research. It provides the theoretical and practical bridge between the concept of health (enhancement and maintenance) and the specific study of helping relationships. The next section spells out this relationship between coping and helping and shows in slightly more detail their importance in the processes of primary, secondary, and tertiary social interventions.

Helping Relationships and Coping

On one level the connection between a person's capacity to cope and the quantity and quality of help available from others seems obvious and intuitive. Those instances of dramatic action such as a neighbor driving

an injured child to a hospital or people taking up collections to assist the widow of a co-worker are clear examples. Such actions as these are essential for coping with the major and minor crises of life.

> Less apparent, but perhaps more important in the long run, are the everyday, incidental acts of assistance which help hold together the day's events into a smooth sequence. All but the most lonely and isolated persons take for granted the loan of a dime or pencil, or a casual offer to "give you a hand with that." Without help-giving acts like these life might not be a disaster, but it would be a continual nuisance! (Todd, 1971, p. 1)

On another level, helping and the relationships of interpersonal interaction of which they are a critical part define not only coping but the processes by which people are kept healthy ("buffered" from stress as Broskowski puts it). Blackman and Goldstein (1968) put it well in their beginning formulations of a theory of community mental health. They contend that the likelihood of persons becoming "disabled" is related to their pattern of interaction in the community. Further, they state there exists a system of reciprocation among the people with whom an individual interacts and that this system may provide emotional supports and services in time of stress, thus helping the individual to cope with plights and ward off disability. These <u>informal</u> reciprocal exchanges or transactions, they assert, are as precisely regulated as the flow of cash and an individual's capacity to tolerate stress without becoming disabled is related directly to his expectation (and the reality) that he has reciprocation available from others. (Similar observations and evidence are offered by a variety of sources including Levy and Visotsky, 1969; Weiss and Burger, 1968; Gans, 1969.)

The Research Design

The neighborhood helping network project was undertaken to study the ways in which different populations in a community deal with their problems independently of professional service agencies and, at the same time, how formal service agencies are utilized by different groups of people. Discovery of and information on the different coping behaviors of different groups in our society should enable us to work within unique and natural structures and processes in order to implement needed changes and to direct future growth in social service delivery systems.

There were three major research goals inherent in this project. The first goal was to describe the importance of the local community and neighborhood in terms of providing help for people, providing resources for solving problems, and serving as an anchor point for the coping with a range of life events. In other words, we were assessing the local community as a help-giving setting. The second goal of the study was to obtain a more complete picture of the types of places, organizations, individuals, or community groups that serve as resources to community people. We want to know where in a particular community do people go to try to find solutions to problems or to get help. The third goal was to try to understand what is the best way to use both local resources and professional skills to provide the best service to people. Here we were probing for the best combination of resources to most effectively deal with problems.

Two different methods of data gathering were utilized to collect this information. The first type of data collection involved a baseline survey consisting of two components. The first was a 1% random sample of eight

suburban communities in the Detroit SMSA. These eight cities were selected to provide a sampling of the entire socio-economic range in the Detroit area while also providing a special emphasis on "middle-American" communities. Sample size is 770 completed interviews.

The second component was a "neighborhood" sample. Here we randomly selected 59 elementary school districts from the list of all districts in the eight communities mentioned above, plus two other blue-collar suburbs. Included in this sample are 20 of the neighborhoods inside Detroit studied by Warren in his 1969 research on neighborhoods. In each school district a 4% random sample of households was selected. This sampling yielded approximately 1,700 completed interviews.

The baseline survey instrument focused on six basic areas. (1) A series of individual concerns related to job, personal attitudes, crime, and change in family and life cycle roles such as retirement, additional schooling, etc. Where a person had experienced a problem recently, we charted the pathway by which they sought help. Respondants were asked about not only the people (ranging from primary group members to professionals) they talked to, but also what happened in the interaction with the "helper." (2) Use of professional helping agencies. (3) Occurrence in the past year of critical life events such as major illness, death of a family member, loss of job, etc. (4) A check list of psychosomatic symptoms and other questions on health. (5) Helping roles played by different family members. (6) Neighborhood social interaction and reference orientation.

A second wave of survey data collection was carried out in 1975. This consisted of a follow-up interview with the same respondents interviewed in 1974. Some may have experienced the same problems, added new concerns, or reduced their "problem load."

A Conceptual Typology of Individual Problems

In their "balance theory" of the roles of primary groups and bureaucratic organization, Eugene Litwak and Henry Meyer (1966; also see Litwak, 1968; Litwak and Szelenyi, 1969; Litwak and Shiroi, 1970) distinguish between two kinds of tasks, "uniform" and "non-uniform." Non-uniform tasks are those events which are unique or idiosyncratic and non-recurring. These kinds of problems may require complex knowledge and multiple responses in quick succession. These kinds of tasks or problems are also generally simple and do not require expert knowledge. By their nature (according to Litwak and Meyer's theory) these kinds of problems are most suited to be dealt with by primary groups. Uniform tasks, on the other hand, are most suited to solution by bureaucracies. These tasks usually involve recurring events that can be broken into components, are solvable by specific rules, and, most critically, require expert knowledge and a complex division of labor.

Building upon the notions of Litwak and Meyer, Warren and Clifford (1974) have developed the concept of "invoked expertise." The term "invoked expertise" refers to the level of technology or specialized knowledge seen necessary and then invoked by a person to cope with a problem. Using the three core elements of this concept, problems can be dimensionalized and distinguished along a continuum of "high," "medium," and "low." The three core elements are: (1) complexity of the elements of the problem and the life space involved; 2) extensiveness of knowledge or technology relevant to the problem solution; and 3) normative associations with the problem.

For example, a low expertise problem would: 1) require the observation and control of many (possibly complex) ancillary conditions, relationships, and behaviors for which an expert cannot be practically utilized; 2) expert knowledge, even when highly developed, is present for only a part of the problem or a particular phase; i.e., expert knowledge is lacking in the core content of the evaluation of the problem's emergence, definition, or resolution; and 3) there is limited or no agreement among experts or subgroups in the general population on the applicability of particular expertise to the problem and on the definition of the problem (particularly normative). Low invoked expertise problems involve the presence of all these elements; high invoked expertise problems, the absence or reverse of these propositions; medium invoked expertise problems will involve a varying mix of presence and absence of the criteria. Table 1 elaborates on these three categories and gives some hypothetical examples.

From the above discussion and Table 1 several particularly important points should be noted. At the high expertise level there is wide agreement on the definition and labeling of something as a "problem." By the same token, there is a low normative and emotional loading on most issues surrounding the problem. At the low expertise end of the continuum there is not only disagreement on definition, but even disagreement as to when a problem exists. Also, these types of problems are generally accompanied by strong normative and emotional involvements. There often exists jurisdictional disputes among professions over who has proprietary "rights" to a problem area. There may be competing claims of success and efficacy by both professional helpers and non-professional helpers and organizations. These situations become more manifest as one moves from "high" to "low" on the scale. In high expertise problems these conflicts

are lowest. In low expertise problems there may be low manifest conflict but much latent or incipient conflict. In the case of medium expertise problems, conflicts among professionals, among non-professionals, and various specialists areas are likely to be most apparent.

Further, in differentiating problems one can note the fact that particular bureaucratic or service structures exist to treat particular types of problems using particular methods. Specialization, standardization, and social control of this sort is likely to be greatest with problems described as "high invoked expertise." Those problems which fall into the middle, "medium invoked expertise," on the other hand: 1) often lie within a disputed frontier of professional expertise and, thus, are viewed as the "property" of several specialities; and 2) are reflective of ambiguous or limited success when viewed in comparison to "high expertise" problems. In the case of low expertise problems, the very emergence of an issue as a "problem" may be problematic when viewed from the standpoint of either the professionals on the one hand and the lay community on the other. Thus, the problem labeling process could be viewed at this level in its most diverse and fundamental form.

Although not central to the immediate analysis it is interesting to note that level of invoked expertise and jurisdiction over a problem area (or task area within the treatment of a particular problem) can be highly dynamic. Problems can move both up and down the scale. One need only observe the medical profession where historically the trend was for doctors to assume ever increasing areas of responsibility for medical care, and then, with either the routinization of some tasks or the development of competing technologies, the diffusion of some tasks to other new professions and para-professions. An example of the conflict surrounding some medium expertise problems is alcoholism, where both professionals and

non-professionals using a variety of "techniques" claim efficacy.

With this typology in hand a selection of "problems" which will provide comparable stimuli for the study of coping responses of different individuals and groups can be made. The problems from a single level of expertise will be those most legitimate for comparison of coping.

The Choice of Problems for Analysis of Helping Patterns

There are three reasons for differentiating among types of problems: 1) the role of primary group or informal helping systems in coping may vary considerably by problem type; 2) some communities or population groups may be more able to provide significant coping resources than others, depending on the type of problem; and 3) the involvement of professional helpers will vary systematically across problem type regardless of community or demographic differences. Thus, if one wants to focus on informal, non-professional helping (involving the widest variance due to community character) one needs to examine those problems which allow and even require the greatest involvement by informal helpers and non-professional community resources.

Medium and low expertise problems, in particular, may be handled entirely outside the formal helping and service delivery systems of the community. Also, they cannot, by definition, be effectively dealt with solely by formal professional organizations. Additionally, even where such problems have a high degree of visible and legitimate professional expertise associated with their initial labeling or identification, their treatment, remission, and maintenance are often largely functions of the informal helping systems embodied in local neighborhoods, networks of neighbors, friends, co-workers, and other community institutions.

Those problems labeled medium to low expertise offer the richest ground for examining variance in informal, nonprofessional systems of helping. From Table I , nine problems (or, more precisely, "recent concerns," i.e., a recent experience with a diffusely labeled and potentialiy serious "problem") were selected to be included in the survey questionnaire:

1. "Wanted to get a completely different job."
2. "Wanted to change the way you and your wife/husband divide the family activities."
3. "Concerned about suspicious people in the neighborhood."
4. "Felt it's no use trying to do things because so many things go wrong."
5. "Thought about going back to school."
6. "Thought about how good it would be to retire."
7. "Felt so 'blue' or 'low' it ruined your whole day."
8. "Got so tense at work you blew your stack."
9. "Thought about moving from the neighborhood because of crime problem."

For the purposes of the study, these problems are not viewed as intrinsically important but for their value in eliciting a variety of coping-helping behaviors. They are used here as stimuli, behavior that may, for a wide variety of reasons, elicit help seeking from an individual.

Neighborhood Context and Helping Behavior

The present analysis is aimed at providing a means to incorporate and synthesize urban community complexity at the neighborhood level which such researchers as Litwak (1960, 1961); Gans (1962); Liebow (1967); Suttles (1968, 1972); Shostak (1969); and others have stressed. In approaching this task, one serious handicap of those addressing the structural and functional aspects of neighborhood patterns has been the small size of sample units employed. Yet another issue is the lack of a conceptual framework for taking account of diversity in neighborhood social structure.

A Structural Typology

Three dimensions are employed to construct neighborhood variations: 1) extent of individual identification with the area; 2) degree of social exchanges within the neighborhood; and 3) the extent to which the area is explicitly linked to the larger community. Additional work with this classification scheme has led to modifications and the effort to treat the typology as sufficient to cover divergent social class, ethnic, and location within the metropolitan area. See Warren, 1969, 1975, Warren and Warren, 1977). The major variations of neighborhood are described as follows:

Integral

An area where residents: 1) have high levels of formal and informal interaction with one another; 2) manifest high levels of contact with local government; 3) show high levels of reported voting in the last national election; 4) have strong commitments to remaining in the neighborhood; and 5) have strong positive attitudes toward the area.

Parochial

An area where residents: 1) have extensive formal and informal interaction with one another; 2) hold positive attitudes toward the neighborhood; 3) do not show high levels of political participation outside of their local area.

Diffuse

An area where residents: 1) have relatively limited formal and informal contacts; 2) hold positive views toward the neighborhood; 3) have no extensive ties in the political structure of the larger community; and 4) may be hostile or indifferent to its values.

Stepping stone

An area where residents: 1) have extensive formal and informal contact; 2) have no pronounced positive reference group orientation in the local area; and 3) have extensive participation in the political process of the larger community.

Transitory

An area where there is: 1) low reference group identification with the local neighborhood; 2) little formal or informal interaction; and 3) participation in the larger community to a moderate or high degree.

Anomic

An area where people: 1) lack formal and informal ties to the local area; 2) do not have a high level of participation in the larger community; and 3) lack strong positive identification to the neighborhood.

The Integral Neighborhood

Individuals in this social setting are bound to one another by frequent face-to-face contacts and/or extensive memberships in voluntary associations. The norms and attitudes of the neighborhood support the values of the larger community and there are behavioral indicators of such support as voting in elections and initiating contact with the external political instititions. This neighborhood type is illustrated in Whyte's (1956) study of Park Forest. It is a residential area which is perhaps usefully described as "Janus-faced." It points in two directions at once. This means that people are really cohesive, they know each other, they interact with each other, they belong to many organizations, block clubs and P.T.A.'s, a very active neighborhood. Its activities are both internal and external. People who belong to

neighborhood groups also belong to some groups that are not in the neighborhood. It is a kind of cosmopolitan neighborhood, as well as a local center. It is able to reach out when it has a problem to various external organizations.

The Parochial Neighborhood

This type of situation is characterized by an extensive amount of face-to-face contact with neighbors but an absence of values or behavioral ties to the larger community. This concept is close to Suttles' (1972) "Defended" and Shostak's (1969) "Stable City Neighborhood." In spite of the positive identification which may arise on the part of many residents, structural weaknesses may occur as a result of the deviant values or ineffectual social controls for the values of the majority of persons living in the neighborhood. In the Parochial neighborhood definitions of events may emerge which are at variance with the political or social "realities" of the larger community.

The Parochial neighborhood is not a consumer of values as much as it is a producer. It tends to be very protective of that and has mechanisms that enable it to screen and filter out values that do not conform to its own cultural system. It is not a neighborhood where people merely have a given set of values that are different or distinct, they have a whole set of institutions which provide for the enforcement of those values. So there are two sides to this, the sense of common values and the internal organization to support those values.

The Diffuse Neighborhood

Social participation in the informal and face-to-face sense tends to be lacking in this kind of residential setting. Even with the existence of many formal organizations in the neighborhood such participation does not replace the flexibility and intensity which is lacking in terms of informal communication (Litwak, 1963). Diffuse neighborhoods may develop both an active elite and organizational network which tends to ignore or subvert the values of most residents. Public housing projects frequently fit this classification, since both physically and organizationally there is separation from the rest of the urban community - even of other community members of similar racial or ethnic identity. Suttles' "Contrived Neighborhood" (1972) fits this type well as does Shostak's (1969) "Stable Suburb" blue collar locale: "a collection of new homes for old values." Such a situation might produce intra-neighborhood conflict. These tendencies in ghetto organizations are discussed by Pouissant (1968) and Austin (1968).

The Diffuse neighborhood may face the danger of developing a common set of values without the means to implement them. Thus, even if a program of neighborhood improvement could be accomplished without aid from the larger social institutions, it may fail due to a lack of internal neighborhood cohesion and inaccurate communication of prevailing norms because of leadership which is "indigenous" but not representative.

The Stepping Stone Neighborhood

This type of setting is defined by Fellin and Litwak (1963) as one in which the neighborhood has the social institutions to quickly integrate newcomers. Their value orientation and ultimate indentity may lie with a future status level or neighborhood or they may be willing to give up the current neighborhood if job or other commitments necessitate a move. The Stepping stone neighborhood provides for effective operation of socialization mechanisms and the utilization of the resources represented by higher status members in leadership positions. However, what is likely to occur is that conflicts may arise in given areas of goal striving between the needs of the local neighborhood and the values of the larger community. This may take the form of a leadership turnover in organizations, the creation of self-serving and mobility conscious activists who soon move up and out of the neighborhood. In addition, when value conflicts exist in a neighborhood contact via voluntary associations between persons of different status orientations it may undermine effective action or hasten the departure of persons already oriented to such withdrawal. Despite the dangers of high organizational turnover in such neighborhoods, mechanisms which can speed the social integration of newcomers to the area may facilitate innovation and esprit de corps lacking in neighborhoods with low population mobility.

The Transitory Neighborhood

Residents in this type of setting fail to participate or to identify with the local community. This is the kind of situation described by Greer (1956) in highly urbanized areas of the metropolis. Any neighborhood structure is absent except in the sense of norms which seek the avoidance of participation or local entanglements. This emphasis on people keeping

to themselves, as described by Lee (1969) and others, provides a model of the urban anonymity. Such links might interfere with the status goals and mobility commitments of families heavily oriented to consumption patterns and values which are antithetical to primary group attachments. Dubin (1956) describes the situation of auto workers whose interests in achieving blocked mobility aspirations is through the education of children. Such commitments usually mean that both husband and wife must work and the strain of nuclear family energies permit little opportunity for participation in neighborhood issues. This helps to explain the low participation in blue collar suburbs found by Berger (1960) and the "transitional blue collar suburb" described by Shostak (1969).

The Anomic Neighborhood

Perhaps the most generally described urban phenomenon is that of a completely disorganized and atomized residential area. Lacking both patterns of participation and a common identification with the local area or the larger society, individuals reflect the stereotype of available recruits for mass movements. In fact, however, such settings tend to reflect mass apathy and lack of involvement in any form of collective action - conventional or not (Warren, 1969). Suttles' discussion of the "community of limited liability" also fits this characterization. Estrangement from the values of the outer community manifests itself in nonvoting and indifference to the goals of the larger community - ethnic, class, or societal. The anomic neighborhood would be least likely to influence, mobilize, or alter the values of its residents through any form of socialization. The very absence of social organization might itself suggest the emergence of values defined as deviant by the larger community. However, the more reasonable hypothesis is that residents of the anomic

neighborhood engage in passive behavior and, while displaying alienation, do so in a diffuse rather than a specific and focused sense. (Table 2 summarizes the neighborhood types based on three major variables of reference group identification, interaction, and external linkages.

Neighborhood Redefined

A comprehensive definition of neighborhood should embody both the reality of "loose knit" and "close" human relationships. An definition must be universal and encompass neighborhood in terms of different organizational patterns - the fixed elements and the dynamics as well - neighborhood process. To be useful, our description must say what goes on, who does it, and how they function. The framework for such a task is the following:

A neighborhood context refers to the social organization of a population residing in a geographically proximate locale. This includes not only social bonds between members of the designated population but all ties of that group to non-neighbors as well.

This "larger than geo graphical neighborhood" definition has several advantages over more conventional efforts to demarcate neighborhood. First, it permits us to look beyond the geographical boundaries that define the people who provide help for problem coping. It permits comparison of resources and "connections." The "neighborhood context" approach communicates a very important idea: that people are affected in a neighborhood by more than their individual actions as neighbors.

Beyond the residential block begins the walking distance neighborhood. The administrative definition of a walking distance neighborhood is usually the elementary school district. In our own research on neighborhoods, the elementary school district has been utilized because it is a compromise

between the notion of the very small "micro-neighborhood" and larger definitions - such as "the west side," the "black community," "my part of town," and so forth.

HELPER USE AND THE NEIGHBORHOOD CONTEXT : DATA ANALYSIS PATTERNS

Both the theoretical framework and the research strategy have given a central role to the tracing of helping "transactions." The bridging concept between transactions as the object of analysis and social environments as units of analysis is the differential usage of helpers for coping with problems. In this chapter we will examine the role of neighborhood context in regard to each specific type of helper used, the kind of helping behaviors reported in each helping transaction, the the perception of the helpfulness of help that is rendered.

In Table 3 the neighborhood contexts are shown in terms of the rank on usage of each of ten types of helpers. The most frequent utilized helper is spouse. Ranking married respondents in each neighborhood we find that the Integral setting is highest while the Transitory setting is lowest. The use of kin not living in the household accounts for a substantial amount of helping behavior. Both kinds of Anomic as well as the Stepping stone neighborhood reflect greater usage of relatives as helpers than Integral, Parochial, or Diffuse settings. In other analyses we found that the Parochial setting was highest in the proportion of respondents reporting that kin lived in the neighborhood. The Diffuse and Integral settings have the highest average number of relatives that respondents view as close friends. The pattern of relative helping shown in Table 3 belies these findings. Availability and closeness to kin does not mean kin are the major source of help.

A combination of cross-tabulations tends to suggest that proximity alone or volume of interactions does not determine who will be used as a helper. Overall, the rank correlation by neighborhood type between proportion of kin living in the neighborhood and kin used for helping is -.036; between relative help and number of relatives as close friends is +.732. If anything these findings suggest that going to relatives for help with recent concerns is not related to their closeness geographically but to their social closeness. Thus, relative help is a "close knit" rather than a "loose knit" tie using the terminology employed by Mark Granovetter (1973).

Does the same set of outcomes which pertained with kin also apply to neighbor help? Table 3 in conjunction with data previously tabulated in the study provide an approach to this question. The rank for number of neighbors who are close friends and the rank for using neighbors for helpers correlate -.446. The basic contributor to this negative relationship are the Transitory and ordinary neighborhoods where the ranks for number of close friends in the neighborhood are respectively 7 and 6 while that for use of neighbors for helpers is 2 and 1 in the 1975 interview wave. At this point, we can note that in some neighborhood environments neighbors are used heavily in the absence of a sense of social intimacy, although in most neighborhood contexts neighbor help follows the level of neighbor friendship.

Neighbor helping tends to be more of a "loose knit" tie in the sense of Mark Granovetter's (1973) work. In his discussion of the job search, he suggests why "distant" helpers may be more valuable than intimates - they have new information, not merely perspectives. We shall pursue this point in a more general context when we examine later findings.

Friend helping in general - excluding neighbors - is highest in the Stepping stone neighborhood context; it is lowest in the ordinary Anomic setting. In other tables 2 kinds of non-neighbor friends were indicated - those living in the metropolitan area and those beyond. When neighborhood context rank order correlations for friends as helpers is compared the two measures result in opposite patterns - nearer friends shows a +.607 correlation while geographically distant friends display a -.750 correlation. These differences tend to belie the findings of Wellman and others about the irrelevance of spatial considerations in the social support networks of individuals. At least in terms of friend helping, being nearby rather than accessible via telephone or other communication links plays some role in the probability that they will be called upon as helpers for recent concerns. (See Barry Wellman, 1972.)

What about co-workers? Are they more like intimate friends or a "loose knit" tie in terms of the probability of being helpers for recent concerns? Comparing the friends at work by neighborhood context rank with ranks for co-workers in Table 3 a value of -.589 is obtained. As in the case of neighbor help the Transitory and ordinary Anomic setting contribute heavily to making the relationship a negative one.

The two kinds of "proximate" helpers - neighbor and co-workers - appear to be unique in their utilization on the basis of access rather than social intimacy. We may be speaking here mainly of a kind of "crisis" availability on the one hand or a notion of total amount of time spent in contact. For women without jobs, the neighbor may be simply the most frequently encountered person as may be the case for the employed male. As we shall note in a later section, women use co-workers less than men. Partly, this reflects the lact of informal sharing of intimacy which women in frequently

male dominated work settings encounter. But whatever the variations on the theme of proximal helper utilization, they emerge as a distinct kind of resource - helpers by virtue of availability not necessarily on the core of friendship intimacy which relative and friend helpers appear to depend.

Let us now move to the role of "formal" helpers. These are individuals who occupy specific organizational roles or who possess special training or professional legitimation as helpers. Neighborhood contexts appear to be unique in favoring one or another of these helpers although the total usage of profession/formal helpers is fairly uniform across types.

The Integrai setting emphasizes the use of a teacher as a helper rather than the police; the Parochial context favors clergy rather than a mental health professional (counselor refers to psychiatrist or psychologist); the Diffuse context is ranked first in regard to use of a doctor as a helper; the Stepping stone neighborhood utilizes police relatively more than other formal helpers; in the Transitory and the Anomic mosaic setting, the counselor is used relatively more often as a helper than other neighborhood contexts. The ordinary Anomic setting is characterized by a generally low use of all formal helpers.

Neighborhood Context and the Type of Help Provided

If, indeed, using a helper need not always imply satisfaction with their help, can this be related to the kind of help offered or provided? In light of the recording of helping behaviors within each helping transaction, we have a way to measure the content of helping and determine whether this can account for what is perceived as helpful by the "helpee." This issue was approached by comparing the rank order correlations for neighborhood contexts with the major forms of helper behaviors. This is done for both 1974 and 1975 data sets. We find that "just listening"

is not correlated in a significant positive way with perceived helpfulness of the helper. Behaviors such as "asking questions" are consistently most strongly linked to perceptions of helpfulness. Evidence from comparing both years suggests that initially taking action on the problem is seen as more helpful but is not so closely tied to such an evaluation in the later 1975 period. But aside from the minor alterations in the correlation coefficients, what does emerge is the ambiguous role of passive help - the listener who does not go on to do more. We shall pursue this clue in subsequent analyses.

Table 4 examines the prevalence of given kinds of helping behaviors in each neighborhood context. For the Integral and Transitory setting, four types of helping are found relatively more than in other neighborhood contexts.

The Stepping stone context reflects a high level of referral and intervention compared to other settings; the Anomic mosaic is strong relative to listening. The Anomic setting ranks last on all forms of helping except "just listening." While the Parochial setting is last in "listening" it is ranked third in "asking questions." Further analysis carried out the same type of analysis but for the 1975 data set. Here, the Parochial setting ranks high on all of the behaviors except "just listening." The Diffuse and ordinary Anomic settings as in 1974 have no particularly marked helping behaviors. Stepping stone shows a shift from referrals and intervention to "just listening." The Anomic mosaic has shifted from listening to referral and intervention helping. The Transitory setting continues to emphasize showing new ways to look at the problem the helpee has, while it continues to stress both listening and asking questions.

Neighbor Helping: Crises and Recent Concerns

Given the potential role of the neighbor as the link between the individual nuclear family and the neighborhood context, is the neighbor used in the sense of an emergency helper the way Litwak and Szelenyi (1969) suggest or is this a more universal helping role? Table 5 provides evidence on this point by showing the percentage of persons with recent concerns or one or more life crises who use a neighbor as a helper. Overall, nearly half do so for life crises and somewhat more than 2 out of 5 help for recent concerns. Crisis helping by the neighbor is indeed significantly higher but the substantive difference is small.

Table 5 shows that the relative use of neighbor for a crisis versus a recent problem helper is different depending on which neighborhood context is involved. Thus, in the Integral and Stepping stone setting, neighbor helping tends to fit the "emergency" hypothesis. The trend is in the same direction for the Diffuse setting. However, in the ordinary Anomic neighbor helping for recent concerns matches that for life crises. Moreover, in the Transitory setting, recent concern helping by the neighbor is virtually identical to the high level for the ordinary Anomic neighborhood context.

Is there reason to link the use of neighbor as a helper to particular behaviors that are expected - or seen as helpful - versus what the neighbor actually does as a helper? The answer to this inquiry would, in turn, help shed light on the low evaluation given to neighbors as helpers under conditions of their relatively frequent use in "weak" neighborhood contexts.

For the 1974 data set asking questions, referring, and taking action on problems is positively related to the perceived helpfulness of the neighbor. Showing a new way to look at a problem is negatively related.

Just listening has virtually no relationship to perceived helpfulness of the neighbor. By 1975 these patterns have changed. Listening by the neighbor is now negatively related to helpfulness as is asking questions or showing a new way to look at a problem. Referral behavior is associated with a positive evaluation of the helping role of the neighbor. To a lesser degree this is also true of the neighbor who actually takes action on a problem. So, that "passive" or merely supportive behaviors by a neighbor is not what is expected or wanted - instead it is instrumental behavior by the neighbor helper which is associated with the perceived helpfulness of the neighbor.

Table 6 indicates the rank of each neighborhood type regarding the five types of helping behaviors that the neighbor might provide. In the Integral and Parochial settings referral and taking action behaviors predominate. In the Stepping stone, Transitory, and ordinary Anomic settings "supportive" behaviors such as just listening, asking questions, or showing a new way to look at a problem predominate. Thus, not only does Table 6 point to the differing types of behaviors which neighbors provide in different neighborhood contexts, but, as well, those behaviors which are evaluated as less helpful cluster in the "weaker" neighborhoods.

The type of behavior provided by the neighbor is therefore seen as a basis for negative or positive evaluation of the helpfulness of the neighbor. Life crisis neighbor helping is different from recent concern helping. Table 7 carries out the same analysis of neighbor behaviors by neighborhood context but for life crises. "Active" behaviors predominate in the Integral and Anomic mosaic neighborhood contexts. "Supportive" behaviors predominate in the Diffuse, Stepping stone, and ordinary Anomic contexts. The Transitory neighborhood setting shows a relatively high level of both "listening" and referral behaviors.

A comparison of the highest and lowest ranks between Tables 6 and 7 show only a moderate overlap. Table 8 provides an indication of those statistically significant differences in the kind of help provided by the neighbor for life crises versus recent concerns. The word "crisis" or "concern" indicates where that type of problem has a higher frequency of neighbor using a given behavior to deal with one or other kind of problem. In 20 out of 35 instances the neighbor helping behavior differs significantly by problem type.

Table 9 provides a comparison of the ranks for neighbor helping on life crises and recent problems and that for the perceived helpfulness of neighbors. The correlation between ranks for help given for recent concerns shows virrually no correlation with the evaluation of neighbors as helpful. By contrast, a +.679 relationship exists for using neighbors to help with life crises and the perceived helpfulness of neighbors. These coefficients suggest that neighbor as a crisis helper is a more consistent one irrespective of the particular neighborhood context. In the case of recent concerns, however, several neighborhood contexts show sharp contrasts between using a neighbor for help and viewing such contact as helpful. Thus, for the ordinary Anomic setting usage is the highest rank - first while evaluation is a rank 6; both Integral and Diffuse neighborhood contexts do not use neighbors often but they view their role of helpful when they do utilize them.

IMPLICATIONS OF THE NEIGHBORHOOD CONTEXT FINDINGS

The data we have reviewed in the last several tables have provided evidence for the special role which neighbor help provides and its equivocal role under differing neighborhood contexts. The patterns

obtained suggest both the kind of neighbor help provided and the problem interact in determining the value of the helping. Neighborhood context apparently shapes the role of the neighbor who is turned to for help. In some neighborhood settings - particularly the ordinary Anomic and Transitory - greater reliance on neighbor helping occurs than had been theoretically predicted. But the usefulness of such help appears to reflect less the preference for employing such individuals as helpers than the barriers to utilizing other non-neighbor helpers. In short: a portion of neighbor help is ineffective in reducing the risk to well being. Turning to a neighbor in a time of need does not always reflect choice but necessity. The outcome in such instances is less than satisfactory.

From our conceptual base of differentiating neighborhood contexts, we have identified bases why such neighbor help would not be seen as especially valuable or why its consequences would be less than impressive. The explanation lies with the role of the neighboring as a means to link the individual to the resources of others in the neighborhood not as a simple expression of sociability or neighborhood as a self-contained problem solving system. Instead, neighbors are gatekeepers to the outside world in at least two ways: directly via referrals to organizations and non-neighbor "experts" and helpers; indirectly via passing on of information gained from the knowledge and experience of other neighbors which are, in turn, disseminated throughout the neighborhood where interactions is broad-based and diffuse in its character.

Neighborhoods differ not so much in their ability to provide a few key helpers in a time of need, but in the linkages which such contacts can provide. These may open up a wide base of additional helping resources or

serve as the end-process in problem coping, or simply be ineffectual sources of temporary emotional uplift or solace, but not provide directions for problem solution or amelioration.

The role of neighborhood context has been shown to be an important one in terms of the pathways to helping which individuals follow in regard to recent concerns and life crises. The evidence is that entrance into a help seeking sequence suggests that factors other than neighborhood or social network ties are central. Once the initial contact is made, however, the volume, content, and variety of help given and sought is importantly shaped by neighborhood support systems. In our investigation of the character and impact of these patterns, the process which emerges can be described in the following way: Help seeking is conditioned by the access to helpers in the sense of those who are socially close and those who are available in terms of the behavior settings of the local neighborhood and work environment. In particular, the neighbor serves as key intermediary in the referral to other helpers and types of problem coping behaviors and resources. The role of professional helpers is, in part, related to the probability that such help will be sought early or late in the problem coping sequence. Neighborhood context appears to influence the timing of such help seeking more than the probability that such help will be sought.

We find such settings as the Stepping stone neighborhood and the ordinary Anomic appear not to be supportive of the use of professional helpers. With these exceptions aside, it is the <u>combination</u> of informal,

formal, and proximal helpers used with professionals that is affected rather than frequency of utilization. With regard to the seeking of help from informal helpers, neighborhood context enters in terms of defining what kind of behaviors will be provided by such helpers and, in turn, the extend to which such helping is perceived as appropriate.

The matching of needed help to the help seeker is a critical dimension of the neighborhood context and its effectiveness. Ordinary Anomic, Transitory, and Stepping stone settings appear to be less able to provide such matching in comparison to Integral, Parochial, and Diffuse settings. In the Anomic Mosaic setting, the intense use of a few helpers - be they neighbor, friends, or co-workers - tends to be a basic way social support systems are effective for residents of such milieux. Help seeking, which is initially to widely scattered or eventually too reliant on formal or professional helpers, appears less effective in reducing the stress associated with having several recent concerns or life crisis. The ability to open a series of alternative helping pathways and to permit variability in that mix is associated with reducing risk to individual well being. While the number of behaviors is not always a good guide to an effective helping system, it is true that those neighborhood contexts where such a scope of helping is provided show lower risk to well being where such help is sought.

Overall, the role of neighborhood context in helping has been seen as a complex and significant one. The simple notion of a "modal" pathway to helping does not, however, provide a useful description of how such networks of helping function. Instead it is clear that in every neighborhood context some individuals do not enter any helping network while others rely on one or two helpers over time, and still others appear to shop or shift with time and the type of problem. All of this makes a description of an average

or modal pattern difficult. But it is possible to identify more frequently employed helpers in one neighborhood context compared to another.

In a broader sense, however, it is the richness and flexibility of helping systems which provide the differences in quality between such contexts. Effectiveness neighborhood contexts are those which either maximize choice and entry points or provide a consistent and secure cluster of helpers and well tread pathways. Contexts which fluctuate too quickly or widely - that contract or expand too rapidly or which are "underdeveloped" in scope - do not insure that problem coping will be least disruptive to individual well being. Effective neighborhood contexts are those which permit the largest number of persons to enter a system of helping and to pursue life changing and life developing problem coping.

Where systems of helping are bypassed and individuals withdraw from seeking life change and improvement, such contexts are as ineffective as when the person seeks help for a problem and cannot find it. Where help seeking for problems is responsive to needs, the effects of such encounters need not be detrimental to the balance and well being of the individual.

While the absence of life crises and recent concerns may reduce the risk to well being of the individual, such insulation is not the normal course of urban life. Social isolation and withdrawal from help seeking is not itself a test of the quality of life of a local environment. But the capacity of any social setting to generate problem coping resources may serve as a more realistic and useful basis for assessing an individual's "life chances." Such an evaluation can begin with the investigation of the neighborhood contexts we have discussed.

A SUMMARY AND REVIEW OF THE RESEARCH STRATEGY

One of the major goals of the Helping Network Study has been to obtain a better definition of the nature of community systems of personal resource and problem solving activities. The basic notion is that the strength of communities is defined by the ways in which people help each other, provide information, emotional support, or other resources to those who have problems or who want to change or improve their lives in some way. The study in a broad sense is focused on the question of the quality of community, and in a more specific sense, on the sorts of helping systems that people use when they have problems and how these systems affect the mental outlook, and possibly even the physical health, of these people.

Given that we understand some of the differences between kinds of helping networks that are specific to particular communities, the question of how one would go about improving these systems arises. How might we intervene if we were wanted to change the nature of these systems? Suppose we have a community in which the use of professional helpers is very high. If one felt that this was undesirable because in comparable communities there was not as much reliance on professionals, how might one go about shifting that? This, of course, assumes that there is some optimal point or desirable balance between formal helping systems and other informal, "grass roots" kinds of systems. The quality and the performance of helping networks is the basic focus of the study.

Conceptually, we began with the idea that there are many problems which do not have obvious solutions. People confront problems in their daily lives for which it is not clear that there is a single set solution;

or that there is, for example, a medication that will result in improvement. An example of one of these kinds of problems is wanting to get another job. Individual mental outlook and the health of a community depends on the ability of people to choose between several kinds of resources to get help in dealing with these problems that are not necessarily insolvable. But, at the same time, professional systems may not have the best solutions for these problems. Or, the individual may feel that he or she is unlikely to get a solution from a professional system, therefore, will not rely on that system and may choose another helping system instead.

We have used the term "low invoked expertise" to describe common concerns or problems that no one, including the professional, could claim that they had any "jurisdiction" or superior coping strategy. This is in contrast to a medical problem such as diagnosing sickle cell anemia: there are objective, standardized ways of determining whether a person has this disease and what can be done about it. This is not the case with "low invoked expertise" or "grass roots" kinds of concerns. Most of these kinds of problems are not recognized by professionals as their central "treatment" task. If an individual goes to his family doctor and says, "I really want a different job," what is the doctor supposed to do about that? He may listen sympathetically, or he may refer the individual to another professional or formal agency.

The strategy of the research was to bias the study by concentrating on the "low invoked expertise" problems. These types of concerns give the best test of the richness of helping resources because there is no single solution or set of actions implied. The individual may, when confronted with such a problem, have to search among different kinds of resources

in order to find a solution. It may be that the search in itself is a helping process. That is, the ability of an individual to know where to find help, and the anticipation that it can actually be helpful is itself a sign of the health of the community in which that individual lives. There may not be anything particularly pathological about getting help, and it may not suggest that the person seeking help is under greater stress. In fact, it may be that the person would be under greater stress if he did not seek help and thereby experiences social isolation.

The general analytical strategy is to focus on the extent to which the individual's well-being - as measured by psychosomatic kinds of complaints, the individual's evaluation of his physical health, and some measures of simple depression - is influenced by the interaction between the problem load or the number of problems that the individual seeks help for and the kinds of helper they ultimately utilize for these "crises" or "concerns." It was hypothesized at the beginning of the study that certain kinds of neighborhood and community environments would be important in determining the shape and significance of the helping networks in that locale; and by implication, it was expected that how well an individual deals with a given problem would also be affected by the settings and helping resources available.

The Gatekeeper Role of the Neighborhood Context

The various neighborhood environments differentiated in this study do not seem to play a major role in the extent to which the individual living in a particular neighborhood will have a problem. There is not a significant difference in the average number of problems between different neighborhood types. The differences between these neighborhood types turn out to be how people living in these neighborhoods go about getting help.

Neighborhood affects the combination of helpers used or sustained. That is, an individual with a problem may find that he is able to use the neighborhood resources, or he may find that he cannot use them, or he may use them only at the beginning of a problem and then break away at some later time. Neighborhood influences the accessibility to various kinds of helpers, particularly to the professional system. That is, the probability that an individual will call upon a professional varies importantly with the neighborhood context. Therefore, the neighborhood is a critical filtering mechanism for help, more than it is a helping resource per se.

The neighborhood context - the geographical location - is not the center of resources in problem solving. It is an arena in which an individual can gain access in various kinds of resources through the social network of other neighbors. The extent to which your neighbor knows someone who can be helpful is critical to whether or not you will eventually get help from a professional - a psychiatrist, for example. When we looked at the frequency of using the community mental health clinics or private psychiatrists, in some neighborhoods it is directly a function of whether you have a friend who works in a mental health clinic or is a private psychiatrist. In other neighborhoods, the two things are unrelated.

The referral system within a neighborhood is extremely important. The conditions under which you will know about a resource is not simply the extent to which there is someone in the neighborhood who knows about it, but whether you are linked to your neighbor in a way that you are liable to draw upon your neighbor's knowledge of that resource. Therefore, the two critical factors in successful referral are 1) the extent to which individuals in a neighborhood have linkages, and 2) the extent to which the neighborhood itself has resources or knowledge of resources.

Neighborhoods as Communication Networks

Urban neighborhoods can be viewed as unique types of social communication networks possessing the basic structural characteristics of any communication networks as described in the extant literature but also possessing several unique features. Numerous studies over the past fifteen years have attempted to demonstrate these differences by classifying neighborhoods according to patterns of interaction and characteristics of social processes (Litwak, 1961; Gans, 1962, Liebow, 1967; Suttles, 1968; Warren, 1971). These studies were concerned primarily with the sub-units of large communities and focused on the variety, function, and distribution of local neighborhood types.

Our research suggests that neighborhoods often possess the basic characteristics of social communication networks - that is, they possess a certain degree of social organization, they may have a formal or informal set of rules or norms which guide the behavior of their members, they often have a unique information repetoire, and they have defined patterns of human social interaction. Moreover, sociological research has stressed the significant role of neighborhoods and similar primary groups in the help-seeking processes for handling problems and crises (Litwak and Fellin, 1968; Litwak and Szelenyi, 1969; Warren, 1975). The help-seeking process may begin long before an individual establishes contact with formal services agencies, if in fact such contacts are ever established. People rely on friends, neighbors, and various neighborhood networks to define, sort out, and reinforce their views of their problems. The neighborhood, viewed as a social communication network, provides an individual with an arena where lines of communication may be tapped in order to discover the existence and means of utilizing indigenous helping resources.

resources are plentiful these people would be neighborhood identifiers. In neighborhoods where resources are pretty meager, however, these people may exploit those resources. They are committed to those resources or exhaust them. If neighborhood exploiters experience a problem or crisis they will actively seek to utilize whatever resources are available in the neighborhood to cope with the problem.

Neighborhood Resource Under-Utilizers - Having no sense of community, these individuals will most likely not take advantage of the helping resources available within their neighborhood network. If the neighborhood is rich in helping resources and information communication about these resources, these individuals may get help for problems but they would not actively seek this help and tend to under-utilize existing helping resources since they lack a sense of community. Moreover, these individuals would not even be aware of the availability of indigenous neighborhood helping resources.

Neighborhood Resource Isolates - These are individuals who do not utilize the neighborhood's information network. They have no sense of community and the functional neighborhood lacks any form of helping resources. If these people experience problems they will not cope with them within the helping context of their real neighborhood. Since they lack any sense of community and no resources exist in their neighborhood, they will either have to seek help outside the neighborhood or rely on their own resources such as family or friends to deal with their problems.

exist in the neighborhood? Finally, what role does the neighborhood play, if any, in an individual's mental outlook and perceptions of well-being? We submit that these questions are critical determinants in understanding how people handle problems and crises within the context of their neighborhood relationship network and may best be answered by distinguishing between the concepts of "community" and "neighborhood."

This "double barrel" approach suggests four situations which may determine problem load, resource utilization, and by implication the degree of identification and integration of members into the functional neighborhood relationship network. These four situations can be illustrated in typological form. Like most typologies, these are analytical categories rather than designations of sharply delineated boundaries. One could construct several continua out of this typology, such as degree of neighborhood resource exploiters.

Neighborhood Resource Identifiers - These individuals perceive their neighborhood as having many things in common, extensive formal and informal interaction, and a sense of common ties with their neighbors. These perceptions will lead them to identify strongly with their neighborhood and utilize existing helping resources quite heavily. These individuals find the neighborhood's information communication to be accurate, effective and they accept and use it. Neighborhood "identifiers" will usually actively seek to establish extensive lines of communication and draw others into the network thereby increasing the number of identified individuals.

Neighborhood Resource Exploiters - These individuals also perceive their neighborhood as having many common ties and extensive lines of communication among neighbors. This perception will affect the way intrinsic helping resources may be utilized. In strong neighborhoods where helping

SOME PROGRAMMATIC AND POLICY DIRECTIONS

We have found that neighborhood contexts are definable and measurable and the differences can be observed. They suggest that instead of building neighborhood mental health clinics and treating the neighborhood as if it were the primary base of helping, we recognize that some of the strengths of neighborhoods - even those neighborhoods that look very weak because people do not seem to interact very much or because people do not seem to identify with the neighbors - that all of these peculiar patterns that do not fit our idea of what a neighborhood should be, are, in fact, the dominant patterns of urban neighborhoods. So, the type of neighborhood - not simply the degree to which there are neighborhood context factors of significance - must be considered.

Our data suggest that there is often a dissonant perspective held by the individual regarding what kind of help is available - the capacity of a perceived neighborhood. Even the objectively strong neighborhood contexts - Integral, Stepping stone, and Parochial - may contain many individuals who will not use the available resources simply because their perceptual definition suggest there is little out there to draw upon in time of trouble or help seeking. This pattern is especially true in the middle strength neighborhoods--Diffuse, Transitory and Stepping Stone--where substantial resources are available but are underutilized. In such settings, the identification of key helpers and the strengthening of information flow between neighbors could be the most effective strategy to reduce isolation and give choices in helping and problem coping to those who may have lost faith in the professional system or have been badly treated. There is evidence that people in such settings start out using professionals earlier and more frequently than people in other neighborhood contexts. In

later stages of problem coping they tend to withdraw from such contacts and instead of finding other quasi-formal or lay helping resources, tend to become socially isolated or to turn to the family for help. Strengthening of such moderately well organized neighborhood contexts could be a valuable alternative of help. While the same basic problem exists in the strong neighborhoods, the "natural" resiliency and initiative of helpers in these settings suggest that little stimulation is needed--or certainly less than in the moderately strong neighborhoods.

In the case of a weak neighborhood, we find that those individuals who see it in more positive terms than the facts warrant, may continue to draw upon neighbors for help despite its relative ineffectiveness. Two implications follow from this: First there is a need in Anomic and Transitory neighborhoods, and to some extent in the Diffuse locale, to re-educate people about what are other helping resources and also to possibly reach those helpers who are heavily used by neighbors to give them information on how to be more effective in their role. Thus, the meager resources of weak neighborhoods are often overtaxed by those few residents with positive expectations about their neighborhood and who during times of crisis may overtax whatever helping resources they find.

It would indeed be a very poor strategy to view such neighborhoods as suffering mainly from a loss of community. If these areas tend to be lower income and minority neighborhoods--which our data somewhat supports--then the crime rate or general alienation to be found in such locales will not be reduced by improving people's sense of community. In fact, it may serve only to further alienate them as they rely too heavily on resources that are scarce instead of turning to outside resources. Particularly because low income individuals are often less physically mobile, they turn to the neighborhood not because they want to but because it is all they have. At

the same time, reducing distrust between neighbors or even upgrading the economic condition of a neighborhood--while a worthwhile goal in and of itself--should not be seen as a means to improving a sense of local community. The evidence is that improving the economic level where no sense of community exists may permit individuals to consider selling out and going to a more desirable neighborhood. To reach problems of alienation via improving the perceived sense of local community is a dangerous policy direction to follow and a misreading of the implications of our findings.

The strategy of first improving the level of perceived neighborhood quality is highly desirable when there are in fact useful and well developed helping resources in the actual neighborhood. By increasing the individual's willingness to relate to and draw upon such resources can serve two functions: First it gives that individual another arena in which to become linked to a helping network or to have a valuable helper; secondly it can strengthen the neighborhood as a whole in terms of meeting a wide range of common problems and identifying ways to resolve such problems since more individuals participate and are available for neighborhood mobilization.

Clearly the strengthening of actual neighborhood helping resources is not simply a re-education or attitude change task but involves the behavior and information about problems and resources which is diffused through the resident population. Starting at that side of the equation seems most warranted when there is already a highly developed sense of local community but where actual resources are overtaxed. It is likely to show rather immediate benefits and results. In the case where both sense of neighborhood and actual resources are limited, the problem may involve both the cost of reaching out and generating more helping resources in that neighborhood context, but also to then increase the use of such resources

once they are enhanced. Perhaps this is best done when a highly specific type of help is identified as missing in a neighborhood and when the "need" level appears to be climbing. Supervision of children playing in the streets for example as part of special summer effort where neighbors are asked to help or the case of summer "house sitting" as a means to generate capacity for helping where people begin to actually use help and then may become more positive about the potential of the neighborhood to serve as a resource for various problems.

It is important to recognize that the varieties of neighborhood contexts described may each have specialized capacities for helping. Instrumental versus expressive is one example to consider. Thus, one goal may be to shift the balance not of the total amount of helping--not necessarily to increase the amount of help or the probability of seeking help--but what the helper does when they are called upon.

While the lack of any helpers for problem coping is more highly related to the larger municipality in which an individual lives rather than their local neighborhood--perceived or actual--not using outside helpers or overlooking an available proximal helper are critically affected by the latter context. Particularly the sense of isolation may be as significantly if not more significantly affected by what one perceives and experiences in the immediate residential setting--especially for the elderly and women who are largely involved with child rearing or not in the job market, or people without income or education. Consequently, the banishment of loneliness and the ability of a person to cope with problems depends very largely, we would argue, on what are the actual and perceived resources available in the neighborhood context.

The Community Mental Health Centers Act of 1963 heralded new efforts to put the community into mental health decision making and programming. Despite significant achievement in a number of areas, the results have not fully satisfied either consumers or providers. One of its chief problems has been its failure to base mental health programs on the strengths and resources existing in local communities.

Too often, mental health centers are parachuted into a community and operate without any linkages to the informal community support systems. They frequently by-pass those neighborhood organizational and cultural networks that have the capacity to support people. The following are several efforts that professionals in mental health service areas can develop as programmatic goals:

a. Create agency/staff awareness of neighborhood human service needs.

b. Create awareness of neighborhood human service strengths, capacities, and styles of problem coping.

c. Diagnose, utilize and/or strengthen communication channels/linkages among informal neighborhood "reputational" helpers.

d. Diagnose, utilize, and/or strengthen communication channels/linkages between neighborhood associational leaders.

e. Develop ways in which staff professionals can provide increased support to community helpers.

In a pluralistic society, people solve problems and meet needs in different ways. Thus, a neighborhood-based approach with community support systems designed to address diverse individual needs can be critical to individual well-being. Strengthening neighborhood networks can provide a means of (a) gaining a sense of control over one's life, (b) reducing alienation from society, (c) gaining capacity to solve new problems, and (d) maintain the motivation to overcome the handicaps and frustrations which are common to modern society.

Table 1

A Typology of Social/Health Related Problems
Based on the Level of Invoked Expertise

High Expertise (Low Community Variance)	Medium Expertise (Medium Community Variance)	Low Expertise (High Community Variance)
Problem has a well-defined sophisticated technology associated with its detection and resolution, although debate may occur regarding its most efficient solution "design" or engineering. Problems of social values are minimal--high consensus is present both from experts and non-experts as to the need for action. Debate centers on timing, equity, and speed of implementation of solution. Problem is often identified with a highly specialized field within a profession and may be treated entirely within the confines of a formal agency. Actions and efforts by non-experts or advocate groups	Problems in this category have an actively developing technology, but with widely varying success levels in application or where competing approaches show similar limited effectiveness of solutions. Differing definitions, analytical frameworks, discipline and specialization origins; various operational "models" are rampant. Little is known about long-term effects of given solutions. Often problems in this category are in a state of flux and redefinition. The experts can't agree and formal agencies vie over proper jurisdictional lines. Rival "labels" as to the seriousness of the issue occurs, although there is widespread recognition that "something"	Problem either lacks formal recognition in professional taxonomies or is included with other problems. It tends toward diffuse or non-specific etiology or symptom syndrome. In particular, it lacks a treatment modality or technology that has been well tested, let alone refined. Both initial and ongoing effects are closely tied to traditional social values or norms which are created and sustained by significant primary groups. Specialized expertise is only ancillary to problem definition and coping. Perception and response are highly idiosyncratic, and not readily visible to formal social institutions. Regulation of

Table 1 (Continued)

A Typology of Social/Health Related Problems
Based on the Level of Invoked Expertise

High Expertise (Low Community Variance)	Medium Expertise (Medium Community Variance)	Low Expertise (High Community Variance)
cannot greatly change the nature of the problem or provide a solution that is at variance with the known data.	should be done in the short-run. Non-expert elements may be significant in symptom remediation and treatment.	behavior depends heavily on shared local values and "moral suasion." Regardless of the perceived severity of the problem or consensus as to longer run effects as seen by specialists, major social values and the non-uniform character of the problem as experienced by individuals makes concerted formal action of limited value.
Selected Examples: Health and Family Issues		
1. Hypertensive heart disease 2. Sickle cell anemia 3. Schizophrenia 4. Organically based child mental retardation 5. Prenatal child/mother care	1. Alcoholism 2. Simple depressive psychosis 3. Job related emotional stress 4. Control of smoking 5. Obesity	1. Life cycle role transition (women entering work force after absence, retirement of male, etc.) 2. Youth-parent tensions 3. Leisure malaise (due to shortened work week, etc.)

Table 1 (Continued)

A Typology of Social/Health Related Problems
Based on the Level of Invoked Expertise

Selected Examples: Health and Family Issues

High Expertise (Low Community Variance)	Medium Expertise (Medium Community Variance)	Low Expertise (High Community Variance)
6. Cancer detection and treatment	6. Post-operative and general physical therapy	4. Common cold effects
7. Stroke	7. Career selection	5. Consumer purchases by family (house, furnishings, car, appliances, etc.)
	8. Marital discord	6. Family budgeting
	9. Family planning	7. Post-natal family adjustment
	10. Arthritis	

Source: Donald Warren and David Clifford, "Invoked Expertise and Neighborhood Type: Two Critical Dimensions in the Coordination of Bureaucratic Service Organizations and Primary Groups," Paper Presented at the 69th. Annual Meeting of the American Sociological Association, Montreal, Canada, August, 1974.

Table 2

A Typology of Neighborhoods Based on Social Organization and Reference Group Orientation

Neighborhood as a Reference Group	Type	Formal and Informal Organization	Orientation to Larger Community
Neighborhood is a Positive Reference Group	Integral	+	+
	Parochial	+	-
	Diffuse	-	-
Neighborhood is not a Positive Reference Group	Stepping-stone	+	+
	Transitory	-	+
	Anomic	-	-

TABLE 3

HELPERS USED BY NEIGHBORHOOD TYPE

1974

(Ranked percentage using each helper for at least one problem)

	spouse	relative	neighbor	friend	co-worker	clergy	police	teacher	doctor	counselor
Integral	(1)+	(6)	(3)+	(6)	(1)+	(3)+	(7)	(1)+	(4)	(3)+
Parochial	(2)+	(5)	(5.5)	(4)	(5)	(1)+	(2.5)+	(2)+	(2)+	(7)
Diffuse	(3)+	(4)	(7)	(2)+	(2)+	(7)	(5)	(5)	(1)+	(6)
Stepping Stone	(6)	(1)+	(2)+	(1)+	(6)	(4)	(1)+	(4)	(6)	(5)
Transitory	(7)	(7)	(1)+	(5)	(3)+	(2)+	(2.5)+	(7)	(7)	(2)+
Anomic (O)	(5)	(3)+	(5.5)	(7)	(7)	(6)	(6)	(6)	(5)	(4)
Anomic (M)	(4)	(2)+	(4)	(3)+	(4)	(5)	(4)	(3)+	(3)+	(1)+

"+" sign denotes significant level above the mean for all neighborhood contexts.

TABLE 4

TYPES OF HELPING BEHAVIOR (1974)

(Those with 1+ problems)

	listening	asking questions	change directed	referral	intervention
Integral	(1) 91.6%	(1) 81.6%	(1) 44.8%	(3) 24.0%	(1) 35.3%
Parochial	(7) 84.0%	(3) 74.6%	(6) 27.3%	(5) 14.9%	(6) 25.6%
Diffuse	(4) 89.0%	(5) 64.5%	(5) 31.5%	(4) 17.3%	(3) 33.9%
Stepping Stone	(3) 89.3%	(4) 70.0%	(3) 35.5%	(2) 28.1%	(2) 34.4%
Transitory	(5) 87.5%	(2) 77.8%	(2) 37.5%	(1) 30.1%	(1) 33.3%
Anomic (0)	(6) 85.2%	(7) 41.5%	(7) 26.3%	(7) 12.2%	(7) 17.1%
Anomic (M)	(2) 91.2%	(6) 60.5%	(4) 34.5%	(6) 14.0%	(5) 28.7%

TABLE 5

NEIGHBOR HELPING ON LIFE CRISES
VERSUS RECENT CONCERNS
BY NEIGHBORHOOD TYPE
1975

	One or more Life Crises	One or more Recent Concerns
Integral	58.5%	40.5%
Parochial	43.3%	38.8%
Diffuse	45.7%	35.9%
Stepping stone	44.1%	25.0%
Transitory	51.5%	44.2%
Anomic (O)	44.4%	44.7%
Anomic (M)	43.7%	38.2%
Mean	47.4%	41.1%

TABLE 6

TYPE OF NEIGHBOR HELPING BEHAVIOR
BY NEIGHBORHOOD TYPE:
RECENT CONCERNS
(Rank order values)

	Listens	Ask Questions	Change Directed	Referral	Intervention
Integral	(6)	(5)	(4)	(2)+	(3)+
Parochial	(5)	(4)	(6)	(3)+	(1)+
Diffuse	(3.5)	(3)+	(5)	(6)	(4)
Stepping stone	(1)+	(1)+	(1)+	(1)+	(7)
Transitory	(2)+	(6)	(2)+	(4)	(2)+
Anomic (O)	(7)	(2)+	(3)+	(5)	(5)
Anomic (M)	(3.5)	(7)	(7)	(7)	(6)

"+" notations indicate 1st thru 3rd high ranks.

TABLE 7

TYPE OF NEIGHBOR HELPING BEHAVIOR
BY NEIGHBORHOOD TYPE:
LIFE CRISES
(Rank order values)

	Listens	Ask Questions	Change Directed	Referral	Intervention
Integral	(5)	(2)+	(3)+	(2)+	(3)+
Parochial	(1)+	(6)	(6)	(4)	(2)+
Diffuse	(3)+	(3)+	(4)	(6)	(4)
Stepping stone	(4)	(1)+	(1)+	(6)	(6.5)
Transitory	(2)+	(5)	(5)	(1)+	(5)
Anomic (O)	(6)	(7)	(2)+	(6)	(6.5)
Anomic (M)	(7)	(4)	(7)	(3)+	(1)+

"+" notations indicate 1st thru 3rd high ranks.

TABLE 8

NEIGHBOR HELP FOR LIFE CRISES
AND RECENT CONCERNS BY
NEIGHBORHOOD TYPE

	Listen	Ask Questions	Change Directed	Referral	Intervention
Integral			crisis	concern	
Parochial		concern	crisis	concern	concern
Diffuse		concern	crisis	concern	
Stepping stone	concern			concern	
Transitory	concern	concern		concern	concern
Anomic (O)			crisis		concern
Anomic (M)				crisis	crisis
TOTAL	concern	concern	crisis	concern	concern

TABLE 9

RANK ON USE OF NEIGHBOR VERSUS EVALUATION OF NEIGHBOR HELP

1975

	percent and rank on neighbor helping for recent problems	percent and rank on helpfulness of neighbor	percent and rank on neighbor helping for life crisis
Integral	(4) 40.5%	(1) 49.2%	(1) 58.5%
Parochial	(5) 38.8%	(5) 35.7%	(7) 43.3%
Diffuse	(6) 35.9%	(2) 41.6%	(3) 45.7%
Stepping Stone	(7) 25.0%	(7) 28.9%	(5) 44.1%
Transitory	(2) 44.2%	(3) 40.0%	(2) 51.5%
Anomic (O)	(1) 44.7%	(6) 32.1%	(4) 44.4%
Anomic (M)	(3) 38.2%	(4) 39.7%	(6) 43.7%
Rank order correlation	Rs = +.071	Rs = +.679	

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